



PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		50091.001USP
First Inventor		VIRGINIA KELLEY
Title_	APPARAT	VIRGINIA KELLEY US METHOD FOR ING AIR FON
	11-11-1-11	_

(Only for new nonprovisional applications under 37 CFR 1.53(b))	xpress Mail Label No.
APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents, Box Patent Application
See MPEP chapter 600 concerning utility patent application contents.	Washington, DC 20231
See MPEP chapter 600 Concerning utility patent application Contents. 1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. (certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent (CRLS.COVAL)
18. If a CONTINUING APPLICATION, check appropriate box, and supply or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-In-part (CIP) Prior application Information: Examiner: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the p Box 5b, is considered a part of the disclosure of the accompanying continuati The incorporation can only be relied upon when a portion has been inadverten 19. CORRESPONDEN Customer Number or Bar Code Label finsert Customer No. or Atlach bar con	of prior application No.:/
Name VIRGINIA KEL	
20240 194+n	PLNE
Address City LUCODINUILLE S	tate, LA Zip Code 98072
Country USA Teleph	7 00/22
Name (Print/Type) VIRGINIAKELLEY	Registration No. (Attorney/Agent)
Signature 1 2VALA.	Date 0/2/12/03

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BI,

PTO/SB/17 (05-03)

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Complete if Known

375 Filing a submission after final rejection

375 Request for Continued Examination (RCE)

15516N

375 For each additional invention to be examined (37 CFR 1.129(b))

900 Request for expedited examination

of a design application

(37 ČFR 1.129(a))

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FEE IKANSIVIIIIA	Application Number			<u>, </u>	100/20401-2-			
f FV 0000		Filing Date			G1	00/3048/2		
for FY 2003					07/09/02			
Effective 01/01/2003. Patent fees are subject to annual revision			Named Inventor			VIRGINIA KEILEY	\vdash	
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name				L. AREVALO	_	
, , ,	<u> </u>	Art Unit					_	
TOTAL AMOUNT OF PAYMENT (\$) 4/5		Attorney Docket No. 50091-45P1					ノ	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check Credit card Money Other None	3. ADDITIONAL FEES							
Deposit Account:	<u>Large</u>	Large Entity Small Entity						
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Name The Director is authorized to: (check all that apply)	1053	3 130	1053	130	Non-E	inglish specification	-41	
Charge fee(s) indicated below Credit any overpayments	1812	2,520		•		ng a request for ex parte reexamination	41	
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	Reque	esting publication of SIR prior to ner action		
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1004 750 2004 375 Reissue filing fee	1403	280	2403		_	est for oral hearing	\square	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petitio	on to institute a public use proceeding		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from		1,300	2501	650	Utility	issue fee (or reissue)	4	
Extra Claims below Fee Paid Total Claims // -20** = X 7 = 5	1502		2502		_	n issue fee	41	
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Claims -3 =	1460		1460			ons to the Commissioner	41	
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Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021	40	8021	40	prope	rty (times number of properties)	╝	

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SUBMITTED BY

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(Complete (if applicable)

*Registration No. (Attornev/Agent)

Signature

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**Date Objection of the province of the paid of t

1809

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Independent claims in excess of 3

* Reissue independent claims over original patent

** Reissue claims in excess of 20

and over original patent

Multiple dependent claim, if not paid

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Other fee (specify) _

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